PATENT	APPLICATION	SERIAL NO.

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

06/26/2003 JBALIHAN 00000069 190741 10602617

01 FC:1001 02 FC:1202 03 FC:1203

750.00 DP 36.00 DP 200.00 DP

80.00 DA

06/26/2003 JBALIHAN 00000075 190741 10602617

01 FC:1202

72.00 DA

Adjustment date: 07/20/2004 HM0HAMM1 06/26/2003 JBALINAN 00000075 190741 10602617 01 FC:1202 72.00 CR

PTO-1556 (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10602617

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		· 2			X\$ 9=		OR	X\$18=	36.00
INDEPENDENT CLAIMS			2 minus 3 =		* \$			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+240=	280"
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL		OR	TOTAL	1066
CLAIMS AS AMENDED - PART II								OTHER THAN				
	·	(Column 1)		(Colum		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	Ιſ	X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JUITPLE DEF	PENDENT	CLAIM		ן ו	+145=		OR	+290=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)							A	DDIT. FEE	·		ADDIT. FEE	
		(Column 1) CLAIMS		HIGHE	ST	(Column 3)	1 г	I	ADDI-	. 1		ADDI-
11 8		REMAINING AFTER		NUME PREVIO		PRESENT Y EXTRA		RATE	TIONAL		RATE	TIONAL
ÄEN		AMENDMENT		PAID F	OR		┨┠		FEE			FEE
	Total	*	Minus	**		=	I L	X\$ 9=		OR	X\$18=	
AMENDMENT B	Independent	* NTATION OF MU	Minus	***	CL AINA	= .	lΤ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MC	LIPLE DEF	ENDENT	CLAIM	<u> </u>	'	+145=		OR	+290=	
			•					TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ш	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		!	+145=		Ī	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	TOTAL	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	ΑĮ	DOIT. FEE		OR #	DOIT. FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in colu	ımn 1.	